

2015 Missouri Deafblind Part C (First Steps) Reporting Form

Please complete and return this form to Susan Bonner, Deafblind Project Coordinator, 3815 Magnolia, St. Louis MO. 63110 or by fax: 314-773-3762 or email: susan.bonner@msb.dese.mo.gov by February 1, 2016

Information about Child with Combined Vision and Hearing Loss:

First Name: _____ Last Name: _____ Gender: _____

Date of Birth: (mm/dd/yyyy) _____ Race/Ethnicity: _____

Parent/Guardian: _____

Address: _____

Phone: _____ Email: (optional) _____

County Resides: _____ List Anticipated School District: _____

Child's Medical Background: (Circle all correct descriptors)

Vision:

<i>Low vision</i>	<i>Legally Blind</i>	<i>Light Perception Only</i>
<i>Totally Blind</i>	<i>Cortical Vision Impairment</i>	<i>Documented Functional Vision Loss</i>
<i>Diagnosed Progressive Loss</i>	<i>Further Testing Needed</i>	

Hearing:

<i>Mild Loss</i>	<i>Moderate Loss</i>	<i>Moderately Severe Loss</i>	<i>Severe Loss</i>
<i>Profound Loss</i>	<i>Documented Functional Hearing Loss</i>	<i>Diagnosed Progressive Loss</i>	<i>Further Testing Needed</i>
<i>Cochlear Implant</i>	<i>Central Auditory Processing Disorder</i>	<i>Auditory Neuropathy</i>	

Other Impairments: (Circle all correct descriptors)

<i>Physical</i>	<i>Cognitive</i>	<i>Communication</i>	<i>Complex Health Needs</i>
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Is the child receiving Part C (First Step) Services?

Yes ☐

No ☐

Etiology: (Circle all correct descriptors)

CHARGE Syndrome	Leber Congenital Amaurosis	Cytomegalovirus (CMV)	Infections
Cornelia de Lange Syndrome	Trisomy 13	Fetal Alcohol Syndrome	Meningitis
Cri du Chat Syndrome	Trisomy 18	Hydrocephaly	Head Injury
Down Syndrome	Usher Syndrome	Microcephaly	Stroke
Hurler Syndrome	Congenital Rubella	Asphyxia	Encephalitis
Klippel-Feil Syndrome	Congenital Toxoplasmosis	Prematurity (e.g., low birth weight, Retinopathy of Prematurity)	Other: (list)

Does the child receive intervener support (one-on-one paraprofessional)?Yes ☐ No ☐**Diagnosis on IFSP:**

At risk for developmental delays as defined by Missouri	Developmentally Delayed
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Contact Person: _____

Agency: _____

Role/Title: _____

Address: _____

City/State/Zip Code: _____

Phone: _____ Email: _____

Thank you for your assistance in completing the form, if you need any assistance Susan Bonner, will be glad to assist completing the form over the phone. 314-633-1553.



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